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Governor

SHEILA Y. OLIVER
Lt. Governor

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DIVISION OF CRIMINAL JUSTICE
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MARY ELLEN BONSPER
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VICTIM'S NAME_____

DATE_____

<u>SECTION I.</u> Mental Health Treatment Proposal

Proposed length of treatment FROM:_____TO:_____
(Date treatment began) (Estimated completion date)
Frequency of Treatment: _____ #of session per_____.

Are Sessions Individual or Group Sessions? _____.

Diagnosis of Record: Please list the criteria from the Diagnostic and Statistical Manual of Mental Disorders that the client currently meets.

<u>SECTION II.</u> Mental Health Questionnaire

1. Describe the claimant/victim's level of functioning prior to the crime, and indicate the source of information (i.e., client self report, previous clinical records). Utilize the GAF scale from <u>Diagnostic and Statistical Manual of Mental Disorders</u> if possible.

2. In your estimation, would the claimant/victim have been in need of mental health treatment or care if the crime had not occurred? If so, please explain.

3. What percent or proportion of the treatment you are providing is directly related to the crime? _____%.

4. Was the claimant disabled from working, due to the emotional impact of the crime? _____Yes _____No.

If, so give an estimated return to Work date_____.

Name of Counselor_____ Signature_____

License #_____ License Title_____ Expiration date_____

Date_____ Telephone #_____

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